

# **EXHIBIT C**

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Co.		Case Number BK-S-06-10725 (LBR)	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Patrick J Horgan, a single man		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and address where notices should be sent Maupin, Cox & LeGoy P.O. Box 30000 Reno, NV 89520 Attn: C Jaime, Esq. Telephone number (775) 827-2000		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred 10/2005		3 If court judgment, date obtained N/A	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim (Eagle Meadows Dev )			
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		<input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ Unknown	
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____		Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	
Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
5 Total Amount of Claim at Time Case Filed \$ 50,000.00		(unsecured) <input type="checkbox"/> (secured) <input type="checkbox"/> (priority) <input type="checkbox"/> (Total) <input type="checkbox"/> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges	
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date 10/3/06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) His Attorneys, Christopher D. Jaime, Esq.		THIS SPACE IS FOR COURT USE ONLY Filed Date 10/3/2006
USA CMC 1072500287			

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

Name of Debtor

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address


 IONA PETE BAKAS HALLIDAY  
 PO BOX 39147  
 FT LAUDERDALE FL 33339-9147

11321241001873

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

 Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

 Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

Check here  replaces  
if this claim  or  a previously filed claim dated \_\_\_\_\_  
 amends \_\_\_\_\_

## 1 BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)  
 Investor

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Other claims against servicer (not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2 DATE DEBT WAS INCURRED

## 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

## SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim if any \$ 50,000 + accrued interest

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

 Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

## 5 TOTAL AMOUNT OF CLAIM \$

\$ 50,000 + Acc. Int. \$

\$

AT TIME CASE FILED

(unsecured)

(secured)

(priority)

(Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
BMC GroupAttn: USACM Claims Docketing Center  
P O Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO  
BMC GroupAttn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

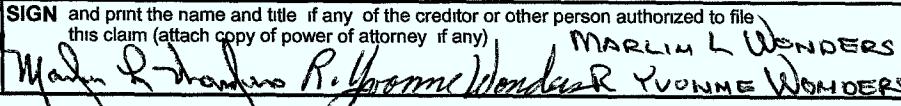
FILED OCT 05 2006

DATE

10/2/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

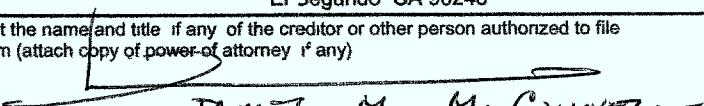
Dona Pete BAKAS - Halliday  
IONA PETE BAKAS - HALLIDAY

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM													
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO.</b>	Case Number <b>06-10725-LBR</b>														
<p>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503</p>															
<b>Name of Creditor and Address</b>  MARLIN L WONDERS & R YVONNE WONDERS PO BOX 2262 OVERGAARD AZ 85933-2262		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court													
Creditor Telephone Number <b>928 535 6360</b> Last four digits of account or other number by which creditor identifies debtor		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again <b>THIS SPACE IS FOR COURT USE ONLY</b>													
Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or a previously filed claim dated _____ <input type="checkbox"/> amends															
<b>1 BASIS FOR CLAIM</b> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a)</td> <td><input type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages, salaries and compensation (fill out below)</td> <td><input type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Other (describe briefly)</td> <td>Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)</td> <td></td> </tr> </table>				<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a)	<input type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries and compensation (fill out below)	<input type="checkbox"/> Other claims against servicer (not for loan balances)	<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a)	<input type="checkbox"/> Unremitted principal												
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries and compensation (fill out below)	<input type="checkbox"/> Other claims against servicer (not for loan balances)												
<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)													
<b>2 DATE DEBT WAS INCURRED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>													
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations															
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority															
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____															
<input type="checkbox"/> Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) (_____) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment															
<b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>50,000</b> <b>\$</b> <b>50,000</b> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)															
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges															
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim															
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments, mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary															
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim															
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			<b>THIS SPACE FOR COURT USE ONLY</b>												
<b>BY MAIL TO</b> BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911		<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245													
<b>DATE</b> <b>10/18/06</b>		<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <b>MARLIN L. WONDERS</b> <b>R. YVONNE WONDERS</b>													
USA CMC  1072500742															

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor: USA Commercial Mortgage Co.		Case Number: BK-S-06-10725-LBR	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address:  E. Grace Marston, Trustee of the Marston Family Trust dated 8/13/93 12441 Road 44 Mancos, CO 81328		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</small>	
Creditor Telephone Number ( ) 970-533-9084		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
Last four digits of account or other number by which creditor identifies debtor:		<small>Check here if this claim replaces or amends a previously filed claim dated: _____</small>	
<b>1. BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <small>Last four digits of your SS #: _____</small> <small>Unpaid compensation for services performed from: _____ to _____ (date) (date)</small> <b>Interest, holdbacks, etc.</b>			
2. DATE DEBT WAS INCURRED: 10/24/2005		3. IF COURT JUDGMENT, DATE OBTAINED: N/A	
<b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations.</small> <b>Scheduled as "Contingent"</b>			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM (Eagle Meadows)</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <small>Brief description of collateral:</small> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <small>Value of Collateral: \$ Unknown</small> <small>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 3,203.09 (see attached)</small>	
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. <small>Amount entitled to priority \$ _____</small> <small>Specify the priority of the claim:</small> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
5. TOTAL AMOUNT OF CLAIM \$ <u>53,203.09</u> AT TIME CASE FILED: <u>53,203.09</u>		<small>(unsecured)      (secured)      (priority)      (Total)</small>	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		<small>THIS SPACE FOR COURT USE ONLY</small>	
<small>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</small>		<small>BY HAND OR OVERNIGHT DELIVERY TO:</small> <small>BMC Group</small> <small>Attn: USACM Claims Docketing Center</small> <small>P. O. Box 911</small> <small>El Segundo, CA 90245-0911</small>	
DATE 10/23/2006	<small>SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</small> <u>E. Grace Marston</u> <small>POA for E. Grace Marston</small> <small>(Copy of POA attached)</small>		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

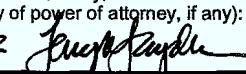
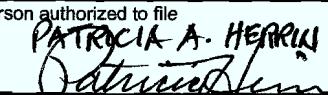
*POA for E. Grace Marston*

UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA		PROOF OF CLAIM																
Name of Debtor <b>USA Commercial Mortgage Company</b>	Case Number <b>06-10725-LBR</b>																	
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503																		
<b>Name of Creditor and Address</b>  11321242007-108 <b>JAMES M McCONNELL IRA</b> <i>970 FAIRWAY BLVD</i> <i>RAVINE VILLAGE NV</i> <i>89451</i>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court																
Creditor Tele# <i>(775) 831-2091</i>	debtor	<b>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT</b>  <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again  <b>THIS SPACE IS FOR COURT USE ONLY</b>																
Last four digits <i>CLIENT ID 5883 ACCT ID 7466</i>	Check here if this claim replaces or amends a previously filed claim dated _____																	
<b>1 BASIS FOR CLAIM</b> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</td> <td><input type="checkbox"/> Other claims against service (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input checked="" type="checkbox"/> Other (describe briefly)</td> <td>Last four digits of your SS # _____</td> <td>to _____ (date) _____ (date) _____</td> </tr> <tr> <td colspan="2"><i>1) BREACH OF CONTRACT 2) BREACH OF FIDUCIARY DUTY 3) FRAUD</i></td> <td>Unpaid compensation for services performed from _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input type="checkbox"/> Other claims against service (not for loan balances)	<input checked="" type="checkbox"/> Money loaned	<input checked="" type="checkbox"/> Other (describe briefly)	Last four digits of your SS # _____	to _____ (date) _____ (date) _____	<i>1) BREACH OF CONTRACT 2) BREACH OF FIDUCIARY DUTY 3) FRAUD</i>		Unpaid compensation for services performed from _____	
<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Unremitted principal															
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input type="checkbox"/> Other claims against service (not for loan balances)															
<input checked="" type="checkbox"/> Money loaned	<input checked="" type="checkbox"/> Other (describe briefly)	Last four digits of your SS # _____	to _____ (date) _____ (date) _____															
<i>1) BREACH OF CONTRACT 2) BREACH OF FIDUCIARY DUTY 3) FRAUD</i>		Unpaid compensation for services performed from _____																
<b>2 DATE DEBT WAS INCURRED</b>	<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>																	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations																		
<b>UNSECURED NONPRIORITY CLAIM</b> \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority																		
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____																		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)																		
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment																		
<b>5 TOTAL AMOUNT OF CLAIM</b> \$ _____ <b>AT TIME CASE FILED</b>	\$ <i>307,125.00</i>	\$ <i>307,125.00</i> (unsecured) (secured) (priority) (Total)																
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges <i>(SEE BACK SIDE)</i>																		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim																		
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary																		
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim																		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on <u>November 13, 2006</u> for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)		<b>THIS SPACE FOR COURT USE ONLY</b>																
<b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245																
DATE <i>12/05/2006</i>	<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 																	
		USA CMC  1072501616																

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF <u>Nevada</u>	PROOF OF CLAIM	
Name of Debtor <u>Eagle Meadows Development</u>		Case Number	THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property)  <u>McQuerry Family Trust</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court			
Name and address where notices should be sent  <u>WILLIAM MCQUERRY 707-537-1318</u> 318 SINGING BROOK CIRCLE SANTA ROSA, CA 95409-5483				
Telephone number				
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____			
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2 Date debt was incurred</b> <u>10/24/05</u>	<b>3. If court judgment, date obtained</b>			
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations <b>Unsecured Nonpriority Claim</b> \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority				
<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <b>Brief Description of Collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral</b> \$ _____ <b>Amount of arrearage and other charges at time case filed included in secured claim if any</b> \$ _____				
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority <b>Amount entitled to priority</b> \$ <u>100,000</u> <b>Specify the priority of the claim</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)				
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)				
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>				
<b>5 Total Amount of Claim at Time Case Filed</b>		\$ <u>100,000</u>		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		(unsecured) (secured) (priority) (Total)		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY		
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		FILED JUN 12 2007		
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim				
Date <u>1/10/07</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  <u>William J. McQuerry, Trustee</u>			



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: <b>USA COMMERCIAL MORTGAGE CO.</b>	Case Number: <b>BK-S-06-10725 LBR</b>	<i>RECEIVED AND FILED</i> <i>2006 NOV -3 P 12:39</i> <i>U.S. BANKRUPTCY COURT</i> <i>CLERK</i>
<b>NOTE:</b> See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
<b>Name of Creditor and Address:</b>  11321241002420 PATRICIA A HERRIN & TERRY W ROYDER 9404 MOUNTAINAIR AVE LAS VEGAS NV 89134-6215		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
<b>Creditor Telephone Number</b> (102 240 - 3856) Last four digits of account or other number by which creditor identifies debtor: <b>5508</b>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated: _____
<b>1. BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Last four digits of your SS #: _____ Unpaid compensation for services performed from: _____ to _____ (date) (date)		
<b>2. DATE DEBT WAS INCURRED:</b> <b>12-3-04</b>		<b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>
<b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____		
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ____ ). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5. TOTAL AMOUNT OF CLAIM \$</b> <b>\$ 150,000</b> <b>\$ 150,000 *</b> <b>AT TIME CASE FILED:</b> <b>* DOES NOT INCLUDE INTEREST.</b> <sup>(unsecured)</sup> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>7. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).		<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911		<b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245
DATE <b>10-22-06</b>	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>TERRY W. ROYDER</b>  <b>PATRICIA A. HERRIN</b> 	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	
Name of Debtor <i>USA Commercial Mortgage Company t/a USA Capital</i>	Case Number <i>06-10705-LBR</i>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
<b>Name of Creditor and Address</b> <i>Gregory V and Tina L SAK Trustees of The SAK Family Trust dated 10-17-04 2512 Skippers Cove Ave Henderson, NV 89052</i>		
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court		
<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again <b>THIS SPACE IS FOR COURT USE ONLY</b>		
Creditor Telephone Number (702) 914-6047		
Last four digits of account or other number by which creditor identifies debtor <i>Client ID # 7132 / Account ID # 7262</i>		
Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____		
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 DATE DEBT WAS INCURRED</b> <i>10-24-05</i> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>		
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations		
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority		
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <i>Unknown</i> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <i>101,826.15</i>		
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		
<input type="checkbox"/> Up to \$225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment		
<b>5 TOTAL AMOUNT OF CLAIM \$</b> <i>\$ 101,826.15</i> <b>\$</b> <i>\$ 101,826.15</i> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)		<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		
<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245		
DATE <i>1-8-07</i>	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Gregory V SAK</i> <i>Trustee THE 10-17-04</i> <i>S. John</i> <i>Gregory V SAK Sak Family Trust</i>	

## PROOF OF CLAIM

Name of Debtor

Case Number

11 4M161111 MORTGAGE (06-10725-LBR)

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

## Name of Creditor and Address

11321241001359  
THE SAPPHIRE 18 TRUST  
C/O NIMROD BARASHY TRUSTEE  
2868 REDWOOD ST  
LAS VEGAS NV 89146 5113 Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (702) 296 8886

Last four digits of account or other number by which creditor identifies debtor

7135

Check here  replaces  
if this claim  or a previously filed claim dated \_\_\_\_\_  
 amends

## 1 BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages salaries and compensation (fill out below) Other claims against servicer  
(not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

EAGLE MEADOWS DEVELOPMENT CO

## 2 DATE DEBT WAS INCURRED

2005

## 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM EAGLE MEADOWS DEVELOPMENT CO

 Check this box if your claim is secured by collateral (including a right of setoff) *1ST TRUST DEED*

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ 35,630.00

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 101,041.67

Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ 101,041.67 \$ 101,041.67

AT TIME CASE FILED

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

## 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

## 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED NOV 03 2006

DATE

SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

10/20/06

Nimrod Barashy TRUSTEE

USA CMC



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>JSA Commercial Mortgage Company</i>	Case Number <i>06-10725-LBR</i>		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address   11321241001192  SECURE RETIREMENT TRUST B C/O LEONA APIGAN TRUSTEE 172 WOODLAND RD GOLDDENALE WA 98620-2613		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number (509) 773-6901		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <i>See Exhibit A</i> <input type="checkbox"/> Last four digits of your SS # _____ <i>Unpaid compensation for services performed from _____ to _____ (date) (date)</i>			
<b>2 DATE DEBT WAS INCURRED</b> <i>10/19/2005</i>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
<b>UNSECURED NONPRIORITY CLAIM</b> \$ <i>50,746.52</i>		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <i>Unknown</i> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <i>746.52</i>	
<input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$ _____  Specify the priority of the claim		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>	
<b>5 TOTAL AMOUNT OF CLAIM</b> \$ <i>50,746.52</i> \$ <i>50,746.52</i> \$ <i>50,746.52</i> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 SUPPORTING DOCUMENTS</b> <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		<b>THIS SPACE FOR COURT USE ONLY</b>	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)		<b>THIS SPACE FOR COURT USE ONLY</b>	
<b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911		<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
DATE <i>1/9/2007</i>	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>Leona Apigan, Trustee</i>		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571		USA CMC  1072501961	